

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/806,457
		Filing Date	05/14/2001
		First Named Inventor	Christian Caspersen
		Examiner Name	Shun K. Lee
		Art Unit	2884
TOTAL AMOUNT OF PAYMENT		(\$)	270.00
		Attorney Docket No.	H01-25902/16

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>07-1180</u> Deposit Account Name: <u>Gifford, Krass, Spaldie, Anderson & Citkowski, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES		Small Entity
Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims Extra Claims Fee (\$) _____ or HP = _____ x _____ = _____		Multiple Dependent Claims Fee (\$) _____	
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims Extra Claims Fee (\$) _____ or HP = _____ x _____ = _____		Fee Paid (\$) _____	
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
44	- 100 = _____	/50 = _____ (round up to a whole number) x _____	= _____
			Fees Paid (\$)
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			Fees Paid (\$)
Other (e.g., late filing surcharge): <u>Notice of Appeal</u>			\$270.00

SUBMITTED BY			
Signature	/Ronald W. Citkowski/	Registration No. (Attorney/Agent)	31,005
Name (Print/Type)	Ronald W. Citkowski/	Telephone	(248) 647-6000
		Date	December 21, 2009